

## Fermilab Dental Plan Summary Comparison

(Represents Only Select Services)

	CIGNA Dental Core PPO Plan		CIGNA Dental Care HMO Plan
Primary Care Dentist Selection	Not Required		Required
Calendar Year Maximum	\$ 2,000 (Includes both in and out-of-network services)		No Dollar Maximum
Calendar Year Deductible (Your Cost)	Individual \$ 50.00	Family \$ 150.00	None

Procedure	Participant Responsibility In-Network	Participant Responsibility Out-of-Network	Participant Responsibility
<b>Class I - Preventive &amp; Diagnostic Care</b> Oral Exams (Two Per Year) Routine Cleanings (Two Per Year) Cleaning (Prophylaxis) Bitewing X-rays (Frequency Limits Apply)  Panoramic X-Rays (Once every 3 Years) Sealants (Limitations Apply)	No Charge	No Charge (up to Reasonable and Customary Allowances)	No Charge
<b>Class II - Basic Restorative Care</b>     Fillings –Amalgam	Subject to Deductible, Based on Contracted Fees  20%	Subject to Deductible, Based on Reasonable and Customary Allowances  20%	Based on Fee Schedule   No Charge

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Document: Dental Comparison	Document #: BEN-AE-009	Issue date: 10/01/2009	Revision #: 002	Revision date: 10/02/2013
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Root Canal	20%	20%	(Fee varies based on type off Root Canal-Excludes Final Restoration)	
Periodontal Scaling and Root Planing	20%	20%		
Denture Adjustments and Repairs	20%	20%		
Oral Surgery – Simple Extractions	20%	20%		
Anesthetics	20%	20%	Anterior Root Canal – D3310	\$ 12.00
Surgical Extraction of Impacted Teeth	20%	20%	Bicuspid Root Canal – D3320	\$ 31.00
Repairs to Bridges, Crowns and Inlays	20%	20%	Molar Root Canal – D3330	\$ 280.00

<b>Class III - Major Restorative Care</b>	<b>Subject to Deductible, Based on Contracted Fees</b>	<b>Subject to Deductible, Based on Reasonable and Customary Allowances</b>	<b>Based on Fee Schedule</b>
Crowns	50%	50%	Porcelain/Ceramic - D6740 \$ 415.00 Porcelain Fused to High Noble Metal – D6750 \$ 380.00 Full Cast Noble Metal – D6792 \$ 355.00 Titanium – D6794 \$ 380.00
Inlays/Onlays	50%	50%	
Dentures	50%	50%	Full Upper Denture - D5110 \$ 500.00 Full Lower Denture - D5120 \$ 500.00 Upper Partial Denture (Resin Base) – D5211 \$ 370.00
Bridges	50%	50%	Pontic Porcelain Fused to High Noble Metal – D6240 \$ 380.00 Pontic Porcelain Fused to Noble Metal – D6242 \$ 355.00
Surgical Implants	50%	50%	Not Covered
<b>Class IV - Orthodontia</b>	Lifetime Maximum \$1,500 Dependent Children to Age 19	Lifetime Maximum \$1,500 Dependent Children to Age 19	Maximum Benefit of 24 Months Separate Treatment Fee and Charge Per Month Dependent Children up to Age 19 and Adults
Orthodontic Treatment	50%	50%	Varies Per Service

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Periodic Treatment Visit			Children 24 Month Treatment Fee – D8670	\$ 2,195.00
			Charge Per month for 24 months - D8670	\$ 91.00
			Adult 24 Month Treatment Fee – D8670	\$ 2,905.00
			Charge Per Month for 24 months - D8670	\$ 121.00

General Anesthesia	<i>General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures. Sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</i>			
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